

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Law Office Of Michelle C. Clay, LLC**

Mailing Address 12116 Kerwood Road

City  
Silver SpringState  
MDZip Code  
20904Purpose of Disbursement  
Professional Service Fee: FEC Compliance & Record Keep

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		04		2017

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.21439.1

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Law Office Of Michelle C. Clay, LLC**

Mailing Address 12116 Kerwood Road

City  
Silver SpringState  
MDZip Code  
20904Purpose of Disbursement  
Professional Service Fee: Legal Counsel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		04		2017

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.21439.2

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Law Office Of Michelle C. Clay, LLC**

Mailing Address 12116 Kerwood Road

City  
Silver SpringState  
MDZip Code  
20904Purpose of Disbursement  
Professional Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		01		2017

FEC Identification Number

C

Amount of Each Disbursement this Period

9000.00

Transaction ID : SB17.21451

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9000.00

**TOTAL** This Period (last page this line number only).....▶